

RELEASE OF LIABILITY
PARTICIPANTS AND INSTRUCTORS IN EXERCISE PROGRAMS HELD ON PROPERTIES OWNED
OR LEASED BY THE DEPARTMENT OF GENERAL SERVICES FOR THE
COMMONWEALTH OF VIRGINIA

In exchange for participation in an exercise program sponsored by CommonHealth Wellness Programs, and the Department of General Services, and fitness instructors, and/or use of properties owned or leased by the Department of General Services, I agree for myself to the following:

1. I agree to observe and obey all posted and distributed instructions or directions given by the instructor named below.
2. I recognize that there are certain inherent risks associated with the activity described here and I accept full responsibility for personal injury to myself and further release and discharge CommonHealth, the Department of Human Resource Management, The Department of General Services, and the instructor listed below for injury, loss, or damage arising out of my presence and participation upon state facilities of the Commonwealth of Virginia, CommonHealth, or any other third parties.
3. I agree to indemnify and defend CommonHealth and third parties against all claims of action, damages, judgments, costs, or expenses including attorney fees and other litigation costs, which may in any way arise from my participation in and use of fitness classes at state facilities.
4. I agree to pay for all damages to the facility caused by my negligence or reckless or willful activities.
5. I agree to consult with my personal physician about my ability to participate in this course prior to the first session.
6. Any legal or equitable claim that may arise from participation in the above shall be resolved under Virginia law.

I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS.

Dated: _____ Location of Class Sessions: _____

Signature of Participant: _____

Address: _____

Personal Physician's Name and Phone Number: _____

In case of an emergency, please call
_____ (name) _____ (relationship) at _____ (phone).

INSTRUCTOR:

I will maintain a file of these forms for my class participants and have them available at all class sessions.

Instructor Signature: _____